

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 46

BIRTH NO.		REG. DIST. NO. 2		PRIMARY REG. DIST. NO. 5014		Registrar's No. 2493			
1. PLACE OF DEATH a. COUNTY Andrew				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Nebraska b. COUNTY Douglas					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson Township				c. LENGTH OF STAY (In this place) 1 Min					
d. FULL NAME OF HOSPITAL OR INSTITUTION Hy-way 71 South bound.				e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Omaha					
f. STREET ADDRESS 3756 No. 39th Street.				g. (If rural, give location)					
3. NAME OF DECEASED (Type or Print)		a. (First) Emmett		b. (Middle) Craig		c. (Last) Jones			
4. DATE OF DEATH		(Month) January		(Day) 5,		(Year) 1951.			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 21, 1912			
9. AGE (In years last birthday) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		11. BIRTHPLACE (State or foreign country) Emporia, Kansas.		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William H. Jones.		13b. MOTHER'S MAIDEN NAME Bessie Craig		14. NAME OF HUSBAND OR WIFE Margaret Jones.					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Not given		16. SOCIAL SECURITY NO. not given		17. INFORMANT'S SIGNATURE OR NAME C.H.O'Brien ADDRESS 3515 Crocker St., Des Moines.					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral concussion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured skull DUE TO (c) Automobile accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 38234 32	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) Jefferson township		21d. (COUNTY) Andrew			
21e. (STATE) Mo.		21f. HOW DID INJURY OCCUR? Automobile left highway #71, turned end over end.		22. I hereby certify that I attended the deceased from Jan. 5, 1951, to Jan. 5, 1951, that I last saw the deceased alive on Jan. 5, 1951, and that death occurred at 10:00 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. J. Milwell, D.O., Coroner		23b. ADDRESS 307 W. Main, Savannah, Mo.		23c. DATE SIGNED 1/6/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Jan. 7, 1951.		24c. NAME OF CEMETERY OR CREMATORY To Robert Blue Funeral Home.		24d. LOCATION (City, town, or county) Emporia, Kansas.			
25. FUNERAL DIRECTOR'S SIGNATURE		25a. ADDRESS		25b. DATE SIGNED					
1-65		Lillian Sparks		Halter Meierhoffer					
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		ADDRESS St. Joseph, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



FEB 19 1951  
MAR 2 1951

FEB 7 1951

JAN 19 1951

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Signed Elbert C. Harrington

Licensed Embalmer No. 3358, Mo.

P. O. Address H. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.